

March 1, 2013

The Honorable Fred Upton  
Chairman  
United States House of Representatives  
Washington, DC 20515

The Honorable Henry A. Waxman  
Ranking Member  
United States House of Representatives  
Washington, DC 20515

The Honorable Joseph R. Pitts  
Chairman  
United States House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone, Jr.  
Ranking Member  
United States House of Representatives  
Washington, DC 20515

The Honorable Mike Rogers  
United States House of Representatives  
Washington, DC 20515

Dear Chairmen Upton and Pitts, Ranking Members Waxman and Pallone, and Rep. Rogers:

On behalf of the undersigned organizations, dedicated to protecting the public health of our nation, we write to express our support for the *Pandemic and All-Hazards Preparedness Reauthorization Act of 2012 (PAHPRA)*. We urge swift passage in the House as this legislation is critical to the safety of our nation. We thank you for your leadership on this legislation that is critical to the safety of our nation.

PAHPRA is vital to state and local health and other public health practitioners who are a critical part of any community's first response to disease outbreaks, emergencies, and acts of terrorism. The following provisions in particular are essential to keeping communities healthy and safe:

**Temporary Reassignment of Federally Funded Personnel During a Public Health Emergency** (Section 201): The provision allows states and tribes to request from the Department of Health and Human Services (HHS) the authority to temporarily reassign public health personnel from other HHS-funded grant programs to respond to a major emergency. The authority would allow state and local governments to meet the tremendous staffing needs required by a disaster.

**Reauthorization of the Public Health and Emergency Preparedness Grants (PHEP)** (Section 202): The PHEP cooperative agreement program provides funding to local and state public health departments to strengthen their capacity and capability to effectively respond to public health emergencies including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. State and local health departments work with federal government officials, law enforcement, emergency management, health care, business, education, and religious groups to plan, train, and prepare for emergencies so that when disaster strikes, communities are prepared.

**Reauthorization of the Hospital Preparedness Program (HPP)** (Section 203): HPP provides funding to state and local health departments to enhance hospital preparedness and improve overall surge capacity in the case of public health emergencies. The preparedness activities carried out under this program strengthen the capabilities of hospitals throughout the country to

respond to floods, hurricanes, or wildfires, and also include training for a potential influenza pandemic or terrorist attack.

**Carryover of Grant Use, Coordination** (Section 202 and 203): The bill updates the preparedness grant programs at HHS giving grantees limited ability to carry over funds encouraging flexibility and efficiency. The provisions promote long-term planning currently impossible in an unpredictable fiscal environment.

**Children's Preparedness** (Sections 103, 307 and throughout): The bill establishes the National Advisory Committee on Children and Disasters to bring together federal and non-federal partners to provide guidance and recommendations on medical and public health preparedness for children before, during and after a disaster or public health emergency. The bill takes significant steps to consider the particular needs of pediatric populations in Medical Countermeasure (MCM) research and development. The bill also calls for consideration of the needs of children, as an at-risk population, in the Public Health Emergency Medical Countermeasures Enterprise Strategy and Implementation Plan, PHEP, HPP, and Medical Reserve Corps.

**Enhancing Situational Awareness and Biosurveillance** (Section 204): The bill calls for planning and integration of the current biosurveillance systems to strengthen the nation's bioterrorism and disease outbreak response capabilities. The bill also requires coordination with the National Biodefense Science Board. HHS is required to provide a report to Congress on their implementation plans and progress.

**Individuals with Disabilities** (Section 101): The bill calls for the consideration of the needs individuals with disabilities in the National Health Security Strategy.

Thank you again for your work to reauthorize this important legislation.

Sincerely,



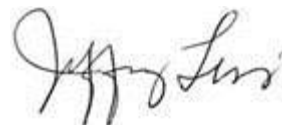
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